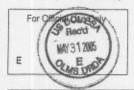
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 2201 | 2. Fiscal Year Covered From: |
|---|---|
| | 1/1/04 Through: 12/31/04 |
| Name and address of person filing. | Name, file number, and address of labor organization. |
| Name Eugene D. Long | Name Texamsters Local Union No 992 |
| | Labor Organization File Number 0)4-787 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 370 MELLON EAST Rd. | Street 10312 Reminston Drive |
| City Hedgesville | City Hugerstown |
| State West Virginia ZIP Code +4 25427 | |
| 5. Position in labor organization. Trustee | |
| 10 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | the period of a period of the |
| Enter appropriate data below If, during the past fiscal year, you or yo (except as specified in the | ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions): |
| A. Held an interest in, engaged in transactions (including loans) wi monetary value from an employer whose employees your orga | th, or derived income or other economic benefit of nization represents or is actively seeking to represent. |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name N/A | |
| Trade Name, if any: | |
| | N/A |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. |
| Street | |
| City | |
| | D |
| State ZIP Code + 4 | |
| | Signature |
| 15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accor undersigned's knowledge and belief, true, correct, and complete. (See t | alty of Perjury and other applicable penalties of the law, that all of the information inpanying documents), has been examined by the signatory and is, to the best of the he section on penalties in the instructions.) |
| 2 2 | |
| Signed \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | on 5.20-05 304-258-2207 |
| Signed Cingas Dong | Date Telephone Number |

| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a | envise dealing with the business ctively seeking to represent, or |
|---|--|
| (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ | ndirectly to, or otherwise ization is interested. |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name N/A | |
| Trade Name, if any: | a. Labor Organization b. Trust |
| P.O. Box, Bldg., Room No., if any | c. Employer |
| Street | |
| City | .// |
| State ZIP Code + 4 | 1/4 |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name N/A | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | N/A |
| Street | 11.b. Approximate dollar value of such dealing. |
| City | 12.a. Nature of interest held or income received. |
| State ZIP Code + 4 | |
| | N/A |
| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. |
| Name N/A | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | 0(1 |
| Street | 10/A |
| City | |
| State ZIP Code + 4 | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. |